



## About Crossroads Behavioral Healthcare – What is a LME?

Crossroads Behavioral Healthcare serves as the Local Managing Entity for Mental Health, Developmental Disabilities, and Substance Abuse Services in Iredell, Surry, and Yadkin Counties.

Crossroads does not provide direct services. Instead, in our role as manager of funds for services we ensure that consumers in our communities have access to quality, appropriate, and timely services.

### **Crossroads operational activities focus on nine key functions:**

**24/7 Access to Services:** Access staff quickly and accurately perform initial screening, triage, and referral for consumers 24 hours a day, every day of the year. This centralized point of referral for service providers enables the capture of extensive data that expedites assessments, fosters therapeutic relationships, and allows tracking of consumer care from the initial contact.

**Utilization Review & Services Management:** Consumer-by-consumer, Utilization Services provides authorization and oversight for care, ensuring up front that service dollars are well spent where they're most needed and that each service provided is needed and appropriate.

**Provider Development and Support:** From recruiting new providers into the area, through approval and contracting, to maintaining healthy business relationships, Provider Relations works to make sure that our community members have access to a strong network of quality local providers and meaningful consumer choice.

**Business Management and Accounting:** As a public entity, Crossroads takes our role as local steward of public dollars very seriously. Our finance staff operates with a clear commitment to responsible stewardship, carefully managing your tax dollars and community contributions so that we can get the most good out of each dollar.

**Claims Management & Payment:** Making sure that the organizations we contract with receive timely payment for services is crucial to maintaining a healthy community of service providers. The exceptional level of knowledge and experience of our claims staff helps us keep state, federal, and other resources flowing to our community for valuable services, and also allows us an additional level of oversight.

**Quality Improvement & Outcomes Evaluation:** Quality Management Services helps our providers maintain the highest levels of operational and service quality through monitoring, oversight, consultation, and measurement. Focusing on the future of services, we work to develop quality measurements that providers can use to continuously improve their organizations, and steadily enhance the quality, availability, and diversity of services for our consumers.

**Customer Services:** As the primary contact and advocate for our consumers, Customer Services works to make sure that our citizens who need care can take advantage of appropriate services, including housing, transportation, and access to other community resources. Through the Consumer and Family Advisory Committee and the Human Rights Committee, our customers have direct input into the behavioral healthcare system.

**Information Management and Analysis:** Our commitment to our consumers means doing our job as well as possible. Crossroads makes use of cutting edge information technology and systems to help us manage service and billing data and communications efficiently, accurately, and securely. Quality data and powerful systems enable us to identify needs and close gaps in community services quickly and effectively.

**Governance:** Directing the growth and overall vision of Crossroads is a local Board of Directors, with representation from each of the three counties that we serve. Because we are governed by local leaders, our local consumers will always be the top priority for Crossroads.

**JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON  
MENTAL HEALTH, DEVELOPMENTAL DISABILITIES  
AND SUBSTANCE ABUSE SERVICES**

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**THE ROLE OF LOCAL MANAGING ENTITIES WITH RESPECT TO  
UTILIZATION REVIEW AND SERVICE MANAGEMENT**

**OCTOBER 19, 2005  
Crossroads Behavioral Healthcare**

The value of Local Managing Entities is highlighted in all nine of the functions. In this presentation, I will further expand on two functions: Access, Screening, Triage, and Referral and Utilization Review.

**Access, Screening, Triage, and Referral (STR)**

These functions are provided 24/7 by 15 clinical professionals (most with Masters Degree and license) using modern telephonic and computer equipment. The professional must answer the phone within six (6) rings and make a **determination as to the level of urgency** and a **preliminary determination of eligibility** by target population. In most cases, an authorization for an assessment appointment is made for the caller with the consumer's choice of provider using the following criteria. Demographic data is gathered to enroll the caller and conduct follow up after the assessment.

- Emergent — the highest need-services required within two hours.
- Urgent – services required within 48 hours.
- Routine – Services required within seven days.

Access/STR is provided to any caller using a “no wrong door approach”. Calls are made by the consumer, family members, work colleagues, health care professionals, law enforcement, group or care home providers, social services, and hospitals.

Crossroads provided this service to the Southeastern Area Authority (New Hanover, Bladen and Pender Counties) during the months of December 2004, January and February 2005. Crossroads began providing STR after hours and on, weekends and holidays for the New River Area Authority (Ashe, Avery, Alleghany, Watauga and Wilkes Counties) in May 2005 and continues to do so today. The Crossroads population is 251,000 and the New River population is 167,000.

An adequate set of providers is necessary to meet the urgent and routine service needs, while a facility-based crisis center, hospital or mobile crisis response system are needed to respond to emergent needs.

The budgeted cost for the Crossroads Behavioral Healthcare Access/STR is approximately \$700,000.

## Utilization Review and Service Management

Utilization Review (UR) is the matching of services to the needs of the consumer and authorization of payment for those services. The primary purpose of UR is to safeguard against unnecessary and inappropriate behavioral health care rendered to consumers. Services are requested in the person centered plan, reviewed according to best practice standards and for medical necessity, quality of care, appropriateness and place of service and length of stay, then authorized as appropriate.

North Carolina state law defines medical necessity as services or supplies that are:

- Provided for the diagnosis, treatment, cure or relief of a health condition, illness, injury or disease;
- Not for experimental, investigational or cosmetic purposes;
- Necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease or its symptoms;
- Within generally accepted standards of medical care in the community; and
- Not solely for the convenience of the insured, the insured's family or the provider.

In addition, each service definition outlines medical necessity criteria and continued stay criteria specific to that service.

The following Case Study of a 72 year old male consumer who through Utilization Review and Service Management is transitioning from an institutional setting to the community system demonstratesdemonstrating the value of LME Service Management.

History of current illness and course of treatment:

- Authorized by Utilization Services for admission to Broughton Hospital in October 2004 for mental illness and physical problems associated with age.maturity. Identified by Crossroads' hospital liaison as having a potential to move to an appropriate community setting.
- Discharged in September 2005 from Broughton and authorized for admission to the Crisis Recovery Center – a facility based crisis center located in Statesville. Facility development was partly supported by community expansion funds from the downsizing of Broughton the State Hospital.
- Authorized for admission to the Geriatric Special Care Center located in Yadkinville that is partly supported by community expansion funds from the downsizing of Broughton State Hospital.
- Will move to Assisted Living once he is able to transition from the special care center.
- Will move to independent living as recovery progresses.